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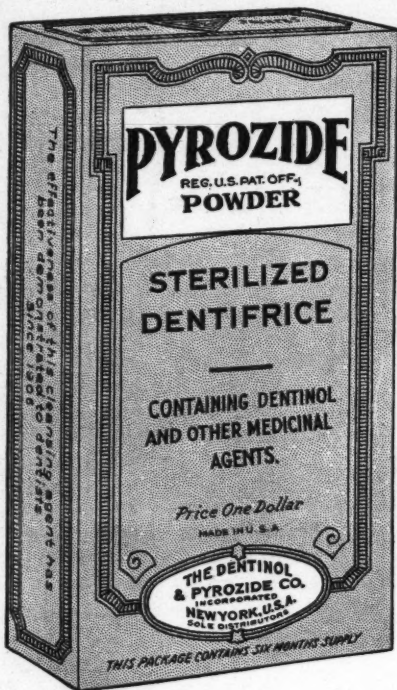
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ORAL HYGIENE'S CALENDAR



Notices intended for this department should be sent direct to the publication office of ORAL HYGIENE, 1117 Wolfendale St., N. S., Pittsburgh, Pa. Copy must reach us no later than the first of the month preceding the issue in which it is to appear.

SEPTEMBER

September 12th and 13th, 1927—Fourth Semi-Annual Meeting of the Maryland State Dental Association, Hagerstown, Md., Dr. Norval H. McDonald, Secy., 304 Morris Bldg., Baltimore, Md.

OCTOBER

October 20th to 22nd, 1927—American Academy of Periodontology, Hotel Statler, Detroit, Mich. Dr. J. Herbert Hood, Secy., 624 Hanna Bldg., Cleveland, Ohio.

October 21st and 22nd, 1927—American Society of Oral Surgeons and Exodontists, Statler Hotel, Detroit, Mich. Dr. Frank W. Rounds, Secy.

Week of October 24th, 1927—Third annual meeting of American Dental Assistants Association, Detroit, Mich. Maude Sharpe, General Secy., Suite 1202, 8 West 40th St., New York, N. Y.

October 24th to 28th, 1927—69th Annual Session American Dental Association, Detroit, Mich. Dr. Henry L. Banzhaf, Pres.; Dr. Otto U. King, Gen. Secy.

October 24th to 28th, 1927—American Dental

(Continued on page 1702)

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(Continued from page 1700)

Hygienists' Association, Detroit, Mich. Ethel F. Rice, Secy., 721 North University Avenue, Ann Arbor, Mich.

The National Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland, will maintain headquarters at the Book-Cadillac Hotel during the meeting of the American Dental Association, October 24th to 28th. All graduates of the Baltimore College of Dental Surgery, Baltimore Medical College, Dental Department and Dental Department of the University of Maryland are requested to visit the rooms during the meeting and register.

F. P. DUFFY, D.D.S., *President*,
G. E. HARDY, D.D.S., *Chairman*.

DECEMBER

The First District Dental Society announces its third *Better Dentistry Meeting* to be held at the Hotel Pennsylvania, New York City, December 5th, 6th and 7th, 1927.

JANUARY

January 24th, 25th, 26th, 1928—Chicago Dental Society Annual Meeting and Clinic, Drake Hotel, Chicago.

The 1928 Classic of the Chicago Dental Society will again be held at the Drake Hotel, Chicago. This year's feature will be a three full-day meeting as compared with the two and a half-day meeting heretofore.

An excellent program is assured by the chairman of the Program Committee, Dr. Arthur D. Black.

Exhibitors wishing for exhibit space will apply to Dr. Howard C. Miller, 30 N. Michigan Avenue, Chicago.

HUGO G. FISHER, D.D.S., *Secretary*.

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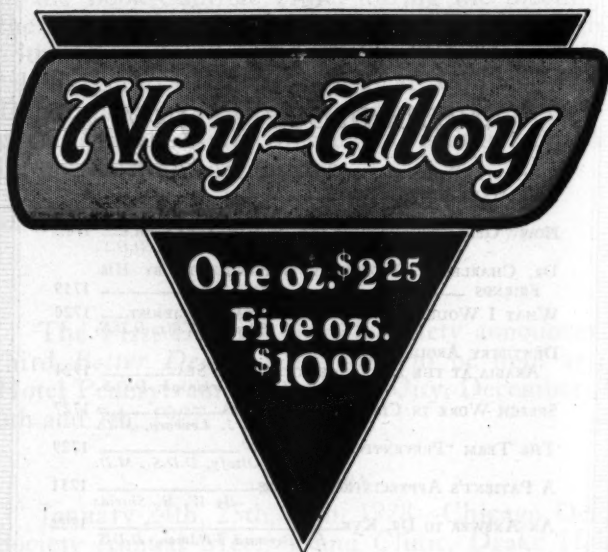
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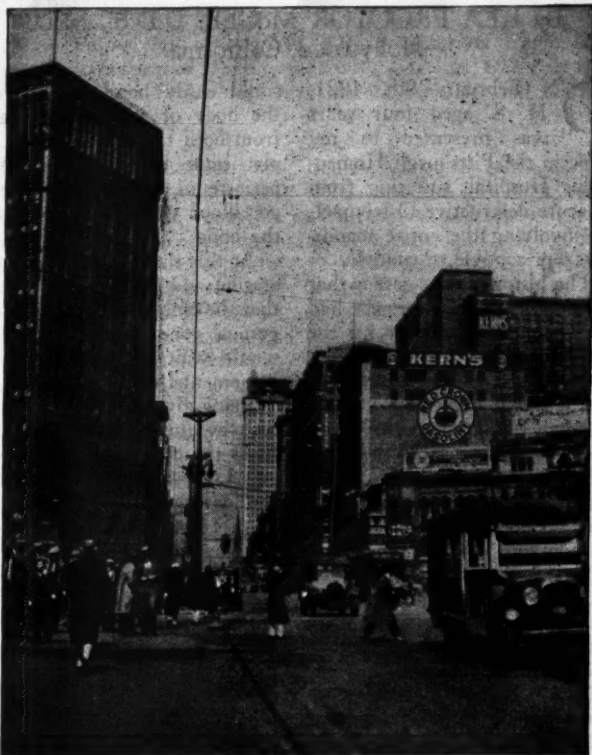
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SEPTEMBER
1927

VOLUME 17
NUMBER 9



*A busy intersection in Detroit, American Dental Association
Convention City for 1927*



Complete Regeneration of the Mandible from Retained Periosteum

By REA PROCTOR McGEE, D.D.S., M.D.
Hollywood, California

ON February 9th, 1921, H. S. aged four years was presented to my clinic in the Pittsburgh Homeopathic Hospital, suffering from an acute destructive Osteomyelitis involving the entire mandible from condyle to condyle.

The history of the case is that some eight weeks before she had been taken to a dentist for the extraction of a temporary first molar. He had told the parents that it would be necessary to remove all of the temporary teeth in the lower jaw from the right second molar to the left cuspid. Following the extraction there was a violent suppuration with considerable swelling and pain. When I saw the case the alveolar border of the mandible projected about one-half inch above the muco-periosteum. The odor was very strong and the child was toxic. I placed her under ether and removed the upper third of the mandible with rongeurs. There was no bleeding. I found that the periosteum

could easily be detached from the body of the mandible and from both rami. A free flow of pus came from the detached periosteum, but I was unable to get blood or pus to flow from the bone.

At this time I stopped the operation and notified the parents that the child was in a very dangerous condition, and that I would wait a few days for developments.

Being given a free hand in the case by the parents I anesthetized the child again on February 12th, 1921, and completed the detachment of the periosteum from the mandible, pushing the periosteal tissue down and away from the bone. This left the bow of the mandible entirely free and as dry as a barrel hoop. The object of this move was that in the first place the grafting of bone in the mouth of a child of four years has not, up to this time, been a satisfactory procedure; secondly, there was no live bone to



1. Shows destruction of mandible before operation. Exploration under ether proved bone completely dead. 2. Child at late period of regeneration with both the old mandible and the new mandible in place.

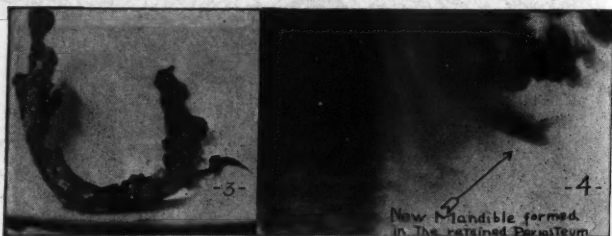
graft to, owing to the fact that the mandible was diseased hopelessly including both condyles. The removal of the entire mandible at this time would have resulted in the collapse of the face and the dropping downward of the floor of the mouth and chin, with probable suffocation due to a lack of support for the trachea. On the other hand, the retention of this dead bone involved a considerable risk on account of the continued supuration due to its presence. To overcome this menace I made incisions below the angle of the jaw on either side tunneling upward to a point in front of the ear on either side and placed rubber tube drainage. The dead bone left in the mouth acted as a brace so that the muscles of mastication could draw upward and support the trachea.

The child was fed only upon

liquids, varied as much as possible, and the drainage tubes were removed and renewed from time to time, and during considerable periods were left out entirely, being replaced when the child showed symptoms of increased toxemia.

The periosteum was left in place in the hope that there might be some regeneration. At the end of two and one-half years of this treatment it was possible to palpate a small bow of new bone lying in the jaw beneath the original mandible that had slipped forward and upward.

On July 9th, 1925, I placed the patient upon the operating table again, having had x-rays made that indicated the presence of a very considerable regeneration of bone. The picture of course could not be complete owing to the fact that the old



3. The original mandible shown as removed from the mouth in one piece, without incision and without any bleeding. 4. This picture shows regenerated jaw.



5. Front view showing appearance after removal of old mandible. 6. Right profile showing present appearance. Note chin almost normal. 7. Left profile showing present condition, chin almost normal.

mandible was in place and consequently it was impossible to tell whether or not anything except the body was regenerated. However, in the presence of several interested dentists and surgeons, I removed the entire mandible including both condyles without making an incision. This will indicate to you how completely free from any attachment the original mandible had become. To my very great surprise and satisfaction I

found that the periosteum had completely regenerated the mandible including both rami, and that the ridge was almost as perfect as though the teeth had been removed from a normal mandible and healing had taken place. Further than that, it is interesting to know that a partially developed right lower first molar was found in the new bone. You will of course understand that this molar did not grow and develop in this new

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mandible, but owing to its position in the original mandible the formation accidentally enmeshed it, so that there was actually a partially formed tooth in the new bone.

Here are the operative notes from the hospital record of July 9th, 1925:

PRE-OPERATIVE DIAGNOSIS: Osteomyelitis of mandible involving entire bone, with death of the mandible and conversion into a sequestrum.

FINDINGS: Evidently the periosteum from the lower border had remained vital and attached to the tissues. In this periosteum, mandible was led down. Mucous membrane and periosteum had healed entirely over top of the new bone, so that it was separate entirely from the sequestrum original.

OPERATION: Without incision, the sequestered mandible was lifted from the mouth, being entirely in one piece with exception of the left ramus and condyle. Left ramus and condyle were then lifted out without incision. Root of rudimentary first permanent molar was found growing to new mandible on right side at angle of jaw, and was re-

moved because of its extreme deformation and the fact that it was quite loose.

No packing or sutures used.

Time 9:30-9:43 A. M.

(Signed) R. P. McGEE,
Surgeon.

The conclusion to be drawn from a case of this kind is that in extensive osteomyelitis of children, it is a rational procedure to remove the dead bone and to leave the periosteum in place even though it seems to be hopelessly diseased.

One week after the operation the child was able to chew gum upon its new mandible and it has about fifty per cent of normal mandibular movement, showing conclusively the muscles are properly attached to the new bone, and I believe as time goes on this child will have more than fifty per cent of mandibular function.

The original mandible I have preserved.

"This Seems So Human"

Dr. Bartlett Robinson,
New York, N. Y.

Dear Doctor: Just finished reading your article in ORAL HYGIENE (June) and it's so full of common sense that I'm goaded to tell you of it. You threaten to write of the month you took in exactly eighteen dollars—go ahead and do it.

We get so much high-brow stuff and this seems so human that I am hungry for more. Thanking you for this breath of everyday life, I am,

Clinton, Wisconsin

Sincerely yours,
ALEXANDER EWART, D.D.S.



How "Operative Prophylaxis" Builds a Practice

By D. D. RIDER, D.D.S., Minneapolis, Minn.

FOR some time there have been articles in ORAL HYGIENE containing discussions pro and con on the use of the term "preventive dentistry," together with suggested substitutes. So far as these friendly discussions have gone, I fail to see what will have been materially gained even though a definite, satisfactory, and universally adoptable term shall have been arrived at. As far as my knowledge goes, the combination of words "operative prophylaxis" is original. However, this is of little or no consequence, especially when taken into consideration with the fact that practical application of what I mean by operative prophylaxis has enabled me to render a higher type of dental service, gain some ethical publicity, and, furthermore, has proved to be of financial benefit to me. I use operative prophylaxis because it is a dignified, descriptive term with a professional air serving the purpose for which it is intended.

On December 16th, 1926, I attended a meeting of the Minneapolis District Dental Society. This was a novel affair, being a home talent program with lectures and table clinics starting at four in the afternoon and running on into the evening. There were nineteen numbers on the program, and as far as I am able to judge every lecture and clinic was of a high standard of excellence, and most worth-while. Now what had this to do with operative prophylaxis? It had nothing. That's just the point. There was not a mention in lecture, nor a demonstration in clinic, nor a single sign, poster, or bulletin that had the slightest reference or suggestion to prophylaxis, the most *important thing in dentistry*. It goes without saying that there was nothing at the meeting said or displayed which had to do with helping a dentist get more patients and increase his income.

To begin with, under operative prophylaxis, I just about take in all there is in dentistry.

In a broad sense, prophylaxis means any preventive measure. Just because some one has called a "cleaning," prophylaxis, because he wanted to charge more for a cleaning than it was worth, or more than his conscience would otherwise permit is no reason why I have to narrow myself down to his measure. Therefore, I include in operative prophylaxis more than merely a *real prophylaxis*, such as is universally expected by the patients, but, which is so seldom given by the dentists. Thin ice? Yes, but it's equally strong as true. I also include x-rays and vitality tests and history to know what I have to depend upon, so that I can "prevent" the patient from the necessity of having contemplated dental work done over again. I also include putting in inlays where advisable rather than amalgam fillings for the same reason. Bridges are advised where necessary, because opposing teeth are less subject to decay and elongation. Orthodontia is advised when indicated, etc.

Now then, having thoroughly satisfied myself after over twenty years of practice that decay and pyorrhea can be prevented, I persuade my patient to let me fix up his mouth as I want to, not as he dictates, after which I offer to co-operate with him by means of demonstration, instruction, and continued service, so as to prevent future trouble.

If necessary to strengthen my argument, I tell my patients:

1. That their health is de-

pendent upon clean, sound teeth. It is impossible for anyone to expect to keep well or to avoid such things as neuritis, rheumatism, heart, and eye trouble, etc., with decayed and diseased teeth. I tell them that the service I have in mind prevents decay.

2. I tell them that their efficiency depends upon clean, sound teeth. "If large industrial institutions are maintaining dental services at their plants to take care of their help, so that production will not be impaired, how can you afford to lose time, money, and efficiency when it is avoidable?"

3. I tell them of the saving in money. Figure the dental, medical, and hospital bills incurred by decayed and diseased teeth, and tell them it is preventable.

4. I tell them that ten years more will be added to life's span by preventing decayed and diseased teeth which break down the heart and cause a long list of diseases that shorten and even take life.

5. I ask, "How much do you earn a year?" Take for example a man earning two thousand dollars per year. Ten years added to his earning capacity means twenty thousand dollars. The cost of tooth paste and brushes would not exceed twelve dollars per year, or one hundred and twenty dollars for ten years. I ask, "Would you give one hundred and twenty dollars for twenty thousand dollars? I am offering you that pos-

sibility through the service mentioned."

6. I tell my patient of cases where tragic results have arisen from neglect, and show records to prove it:

a. Cancer and Death. Patient was man between the ages of 55 and 60. Examination disclosed a row of diseased and broken off teeth on the upper right side of mouth. The inside of the cheek was rough and swollen. Diagnosis: Cancer. Although the case was operated, the patient died in about two years. *This could have been prevented.*

b. Insanity. Patient was a woman who was subject to intense headaches for over fifteen years. Examination disclosed many abscessed teeth caused by decay. The patient right now is in an insane asylum. The husband was left to raise two girls after literally spending a house and lot and all his savings in fifteen years on medical and hospital bills. *All this could have been prevented.*

c. Blindness. Lawyer about 35 years old. Infection from abscessed tooth caused by decay in turn caused an eye infection and ultimate blindness. Had wife and baby to support. *This could have been prevented.* These few extreme cases simply illustrate what milder cases might lead to.

7. I tell them of results where patients have done as advised and show the case records to prove it:

a. Woman about 65 years of age. About fifteen years ago this patient had dental work done

and received demonstration and instructions on the proper care of teeth, and this case has since been inspected regularly. She has not spent a penny for dental work since and is living today in good health.

b. Boy, nine years old. With his parents' co-operation he has followed instructions since he first had teeth. This case was inspected recently in September, 1926. He has all the teeth normal to his age and has not a single decayed spot in the entire mouth.

c. Young man about 21 years old. He had dental work done about four years ago. He has followed directions and has had no decay since.

d. To illustrate the financial saving to the patient, I show one record of a case which I am particularly proud. Case: Young lady had had active decay for years. Many amalgam fillings already present at time of first examination:

In 1919 I did dental work to the amount of \$19.50.

In 1920 I did dental work to the amount of \$9.00.

In 1921 I did dental work to the amount of \$19.00.

In 1922 I did dental work to the amount of \$5.00.

In 1923 I did dental work to the amount of \$24.00.

One item was that of a gold inlay to replace an amalgam filling which had failed. After finishing dental work in 1923 I converted her to the value and practice of proper care of the teeth. Patient was out of the city in the year of 1924, and upon inquiry and reference to record I found that she had not

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visited any dentist during her absence:

In February, 1925. Inspected and cleaned. Nothing else needed.

In May, 1926. Inspected and cleaned. Nothing else needed.

In September, 1926. Inspected and cleaned. Nothing else needed.

Three years, and no reparative dental work in a mouth where active decay had been prevalent. I will continue thus until some amalgam fillings show signs of failure when an inlay will be advised and in all probability inserted. This is real professional service on a business basis.

8. I tell my patients that we appreciate health when we have ill health. Dental, medical, and hospital bills do not worry us until we have them to pay. We wish we had insurance after we have had the fire.

9. I sometimes quote Hartzell or read out of his pamphlet: "The mechanical removal of destructive mouth mould by methods advocated by Barnes, Fones, Charters and Morton has developed a class of professional men in this country who can show a great number of individuals in whose mouths no disease exists and whose bodies evince a high degree of immunity due to the mechanical removal of bacteria by efficient use of tooth brushes."

My practice comes from the middle class, mostly. I have found in over twenty years' practice that the patient dictates or tries to dictate the kind of work he wants. That such a situation is an insult to one's

professional intelligence, I grant without argument. This deplorable affair is a fact with the vast majority of dentists with whom I have talked, notwithstanding what a comparatively few "high-brows" might say to the contrary. You say "so far so good." How about the finance? To illustrate the financial side of the practical application of operative prophylaxis by an actual case will probably be clearer than description:

Case: Prospective patient was young lady about twenty-three. Had had a great deal of dental work done from time to time. Had one tooth which she wanted "patched up." It is hardly necessary that I go through the detail of just how I sold this girl over two hundred dollars worth of dental service and how I handled the case. You can easily imagine if you remember what I have previously stated. In a general way, after x-raying and making study casts (for which she paid) I told her that if she would let me fix up her mouth as I thought best, and would take care of her mouth afterwards as I would tell, demonstrate, and help her to do, her dental troubles were practically at an end. This kind of encouragement gives the patient hope, and provides a professional health service raising dentistry above mere mechanics.

I do not know of a better means for the average dentist to render a higher class of dental service and legitimately increase his income than that of the prac-

tice of what I have called operative prophylaxis. If I am correctly informed by those who have their fingers on the pulse of the dental profession (commercially) there are over seventy-five per cent of the dentists who need more business. It was the desire of those who encouraged this article that I include a review of how I have used operative prophylaxis as a means of getting new business. Not knowing that even this article would get into print, nor that such a recital might be desired, I find under such conditions that I have neither the time nor the inclination to go into the details necessary. To any who might be interested, I shall be pleased to give any inquiry my earliest possible attention. In general, I will say that by the use of various original letter forms sent out to patients and potential patients, and by a carefully planned entree, getting me or a representative before various societies and gatherings, I have demonstrated that new business is available with little expense. (Any one who has had an examination in my office is classed as a potential patient.)

There are not too many dentists. The trouble is the people are not educated to the value of clean, sound teeth and their relation to health, and are not having necessary dental work done. It is a matter for debate as to whether or not it is a commentary upon the official body of the A.D.A. with over a million and one half assets that so

comparatively little has been accomplished in public education. The individual dentists who make up that body will also have to be considered in judging their share of the blame for an ignominious and inexcusable neglect of duty *not done*. We damn the advertising dentist; play the manufacturers of dentifrices for suckers; and sit back and hope for business stimulated by the advertising of insurance companies, when, *as a matter of fact*, they have done more in the last twenty years to educate the public to the need of dental service than our own "dental associations" have done, to say nothing of the individual dentists.

The A.D.A. is an ethical organization for the purpose of encouraging the betterment of technical skill and advancement of its members in all strictly professional ideals. That it has *not* failed of this purpose is very evident. The dentist who has not profited from the advantages offered through this Association has only himself to blame. Due to the fact that this organization is bound up with a code of ethics, politics, and precedent, it is admittedly limited in its actions for publicity of various kinds. The work that the district dental societies have done and are doing in the grade schools is worthy of great commendation. The sad fact remains that people are with their teeth as they are with their New Year resolutions. They are too soon forgotten. What are we going to do with all who are over the

grade school age, and who's going to pay the bill?

Herbert Hoover says that all regulations of the radio must *first* be considered from the standpoint of the listener. How about a profession? How much longer are we going to hide behind our professional cloak and expect the other fellow to do our job? Let him who dares stand up before the laity and broadcast that the profession is fully cognizant of the fact *that* health and efficiency is being undermined; *that* money is going to be unnecessarily spent; *that* life's span with its earning capacity and usefulness is unnecessarily shortened; and *that we know how to prevent* these things. My point is that in spite of all that *dentists* have done to educate the public in the value of the proper care of the teeth, that amount is infinitesimal as compared with what has *not been* done, and *needs yet to be done*.

Now what has all this to do with operative prophylaxis? Simply this—that by practicing operative prophylaxis any dentist is in a position to spread the gospel of oral hygiene, and in so doing render a needed service to humanity and receive compensation for so doing.

Based on *facts* and records for which I can furnish conclusive proof from my own personal experience, I can visualize a National Prophylactic Dental Society, organized similarly to the A.D.A. and composed of such members of the A.D.A. as

wish to join, with a definite twofold purpose.

1st. To spread the gospel of oral hygiene-prophylaxis, both directly and through the cooperation of local members.

2nd. To tolerate, grant, or allow its members (who might practice operative prophylaxis) to reap the advantage of their efforts, and thus be of service to that "seventy-five per cent" of dentists who need more business.

It is not true that "the average dental office looks like a land office." The laborer is worthy of his hire. When you will pay for getting a job done, the chances are that something definite will be accomplished.

The Dental Welfare Foundation campaign revised by and with the O.K. of the A.D.A. was a near approach to a practical plan. Yet it had no "kick" in it. By kick I mean, a follow-through with any educational campaign to a point where the prospective patients actually get into some dentist's office. For *Health's* sake, it's the *dental service the public needs*, not a correspondence course in dental education.

And don't forget it, that with the kick taken out of any methods I have used in the practical application of operative prophylaxis, it also would fall as flat as the Welfare Foundation did after it was butchered, and the scraps passed on to a hungry bunch of buncoed dentists. As for me, *I'm in business*. Just because my business is a profession, the practice of dentistry, is no

reason why I should not run *my business on business principles* measuring my acts according to my honest interpretation of our ethical code.

This article is offered upon the insistent request of a few of my professional friends, two of whom are dental supply men. It is my first offense in over twenty years, and if I have helped anyone he is more than welcome. I

am simply offering it for what it is worth to those who might be interested.

Any comment upon this article will not only be appreciated by the author, but will largely determine whether or not future articles on bonafide business-building methods of proven worth are desired. If anything out of my experience will help anyone else, he is certainly most welcome to it.

"Dr. Keyser is Right"

Editor ORAL HYGIENE:

I have been a reader of ORAL HYGIENE for a number of years and appreciate it very much.

I have just read the article, "Don't Kill the Goose That Laid the Golden Egg," by Dr. Keyser.* I am glad to see something on this. I think it is a very important, if not the key-note of the time.

I had a fine young man in my office for four years who was very capable and became very efficient and proficient in mechanical work. He aspired to become a dentist and decided to take it up. On going into the matter of entering college, he found that he lacked two units of literary work to admit him and, too, the course had just been raised to four years. As he was a boy of limited means, the time and expense made it prohibitive.

Dr. Keyser is right, I think, so give more such articles.

Yours truly,

Meridian, Miss.

J. L. COOPER, D.D.S.

*Page 854, May 1927 ORAL HYGIENE.

Dutch Cover Approved

Extract from letter from G. J. en D. Tholen, Oude Gracht 318-324, Utrecht, Netherlands.—"This morning we also received the June ORAL HYGIENE and we saw on the paper a picture of a Dutch mill. We think this is a very good copy. When you perhaps like to receive some other nice typical Dutch pictures for your paper, we shall be only too pleased to send you them, free of charge of course."

Dr. Charles E. Woodbury is Banqueted by His Friends



Dr. C. E. Woodbury

IN 1906 Dr. C. E. Woodbury organized the Woodbury Study Club, for the study of gold foil manipulation. Largely through his efforts the Woodbury Study Club has attained a national reputation.

It was the members of this club who, on April 28th, gave a testimonial banquet to Dr. Woodbury.

Dr. Woodbury was born in 1866, graduated from Tufts Dental College in 1887 and associated himself after that with his father, Dr. E. I. Woodbury, and his brother, Dr. H. A. Woodbury.

He has been and is a firm believer in the teachings of Dr.

G. V. Black, and is a most consistent advocate of the use of gold foil. He has demonstrated to a gold foil study club in Southern Indiana for several years and has been to the Pacific Coast twice, lecturing and demonstrating to different study clubs there. Dr. Woodbury has an inventive turn of mind which is indicated by his designing many cutting instruments and gold pluggers, also an electric furnace for the elimination of moisture from casting investment.

Dr. Woodbury has been president of the Iowa State Dental Society and served on various committees of that organization for years.

For the last twenty years he has devoted a great deal of time to teaching and today is considered one of the profession's best teachers. He has been in charge of the teaching of cavity preparation and gold foil manipulation in Creighton Dental College for seventeen years and has been a prominent factor in raising the standards of the college. Today his department is graded as one of the most efficient among the nation's best schools.

Dr. Woodbury has always given freely of his time and has tried hard to disseminate his knowledge of gold foil work to those who are willing to learn.



What I Would Expect of a Dental Hygienist*

By C. EDMUND KELLS, D.D.S., New Orleans, La.

IT certainly must appear strange that I am here upon this occasion, advocating the value of the Dental Hygienist, and yet have never employed one—it certainly must. But possibly there is a reason, and now I'll tell you why I am advocating the hygienist, and yet never have had one in my office.

Unless I am mistaken, the first class of dental hygienists was graduated from the Fones School in 1914. I will admit that I was a little slow in grasping the situation (all Southerners have the reputation of being a little behind the times, you know) and I really did not give it the proper attention for several years.

I did not awake to the—I won't say value; rather should I say to the *necessity*, of the dental hygienist in my own individual practice until just about the time I began to plan giving up general practice.

Thus it was that seven years ago I gave up general practice, and with it I gave up my dental associates. During these seven

intervening years I have carried on largely a consultation practice, and, believe me, I have learned more of dentistry "as is" during these few years, than I did in the whole of the previous forty.

In the very first place, I have learned that only a comparatively few dentists pay much attention to the cleaning of the teeth of their patients, and they appear to show no interest whatsoever in the daily care which their patients should bestow upon their teeth. I am sure that I am well within the limits when I say that out of every hundred new patients that come to me, ninety-five of them have never been taught to clean their teeth, and don't forget that these hundred new patients drop in from all parts of the country.

Again, these seven years of experience have taught me that in the chain of dentistry, the very weakest of all the links is that of examinations.

It is not a rare occurrence for me to find from five to ten cavities in the teeth of a patient whose dentist has just put her mouth in perfect condition.

*Read before the Odontographic Society of Chicago, October 21st, 1926.

To me this is incomprehensible. With the cavities right there and staring the dentist in the face, why he does not fill them is far beyond my comprehension.

In a paper read before the recent Congress held in Philadelphia, Dr. Howard Raper made the statement that some cavities were too small to fill, and that time should be allowed for them to grow.

This is undoubtedly the greatest heresy imaginable. No decay is ever so slight in extent but that it should either be well polished off, or cut out and filled. It is far better to cut out and fill a cavity the size of a mosquito's foot, than to give it a chance to grow and wait till the mosquito himself can go into that cavity and turn around and come out again.

I will admit that it is a terrible temptation when we find the proximal surfaces of bicuspid and molars just starting to decay to pass them up, but to my mind that is positively a criminal procedure.

When taken in time, this superficial decay can be polished off and the surface given its pristine lustre, after which, if given the proper care, these surfaces may remain free from caries for years. I know whereof I speak, because I have done this thousands of times.

However, I will admit that when the decay has advanced beyond that possibility, then the filling of these small cavities, which should be confined to the proximal surfaces alone, does try

men's souls; but if a man does not want to experience such trying times, he should give up the practice of dentistry and become a plumber, because every one knows that plumbers are not supposed to possess souls.

Thus observing these conditions of real neglect of his patients, I can but feel that the installation of a dental hygienist in the offices of the average dentist would result in a wonderful improvement in the character of the practice.

Patients who had previously never had their teeth well taken care of, would then enjoy the sensation of having a well cared for mouth.

However, I would not have the hygienist stop with the cleaning of the teeth. That weakest link of all, in the practice of dentistry, would be given her to strengthen.

For every patient I would have her make a thorough examination and chart the cavities and other defects. For this examination she should be allowed all the time necessary, and it should be made in a methodical and stereotyped manner.

With cotton rolls for walling off the teeth when necessary, compressed air, alcohol and electric lamp, floss and tape, backed up by keen sight and proper explorers, and thoroughness to the Nth degree, many a cavity would be charted by the hygienist that would get by the *principal* with his less thorough and more rapid examinations.

If I have been rather success-

ful in doing my duty to my patients in finding and filling small cavities, it is surely due entirely to this routine procedure.

In the first place, I really never, as a matter of fact, look for cavities. I start out with the *idea* that every surface of every tooth is carious, and then I start in to find which surfaces are *not* carious.

Thus we see that each surface of every tooth is examined carefully and gone over thoroughly with the finest kind of an explorer, looking to see whether or not I was mistaken in assuming it carious. Each proximal surface that cannot positively be proven to be free from caries is charted for a wedge.

Time and again has a patient asked, "How many teeth have I to fill?" and a very natural question that is. But I never do commit myself. My invariable answer is, "I cannot say for certain. I see, say, seven cavities staring at me, but there are some spaces that I am in doubt about." No matter how thoroughly or how often the teeth have been examined during the series of sittings, after all is finished comes the final examination, and sometimes that reveals trouble that had escaped up to that moment.

Do I claim that by this procedure no cavities ever get by? Perish the thought! No such claim is ever even thought of. "To err is human." Cavities certainly do get by, but I believe that under this system they are, as a rule, few.

Imagine for a moment the dental hygienist making such an examination, and then the operator going over the mouth critically with his own examination—why it's a hundred to one shot that the "get bys" would be materially reduced.

And that is not all that I'd have my hygienist do. It is common practice today to have a patient referred for an x-ray examination for possible foci of infection. Occasionally, very occasionally, such a patient requires a full set of films, fourteen or sixteen in number, but frequently such a patient may have as many as sixteen or twenty teeth that are absolutely beyond suspicion, and so they need not be rayed.

Is it right, for example, to ray the four lower teeth and *charge for the picture* when a wooden Indian could tell at a glance that they were perfectly all right? I call that a crime. One should only ray such teeth as are necessary, just as one should only fill such teeth as require it.

The posing of a patient, the exposure of the film, its developing and completion is a simple routine matter, and any dental hygienist could soon be taught to do this work as well as her employer could do it.

The interpretation of the films, however, is a different matter. So I would have the hygienist taught to do the x-ray work, taught to produce films that could be well interpreted, and such films should be laid upon

the principal's desk for study—none of his time having been spent upon the routine procedure.

Naturally, the very first question which arises in the mind of the dentist who considers the taking on of a hygienist is: "Will it pay?" And this can only be answered after a careful consideration of the character of practice of the individual dentist.

In large practices, undoubtedly a hygienist could be kept busy right along, but in smaller practices this would probably not be the case. It is in such offices as this that I would have her do the x-ray work and so, in this way, help to fill her time and, to use a slang expression, "make her pay."

In the smaller cities and towns dental hygienists certainly could not expect to receive the salaries that they would were they employed in Fifth Avenue or Michigan Boulevard offices. But as the individual expenses would be infinitely less, \$25.00 a week in one place might net one more at the end of a year than \$75.00 in another.

Salaries and fees are purely of a relative character, so this should be well considered by the

hygienist when offered a position in a smaller city.

In conclusion, I would repeat that I believe that the introduction of the dental hygienist into the office of the *average dentist* would undoubtedly result in a very great improvement in the class of work turned out.

When experienced, she could make preliminary examinations and chart the mouth and do about ninety-five per cent of the x-ray work.

Then from a financial standpoint "she would pay."

Right now, at this late day, I do not hesitate to say that if I *had* taken one of Fones' girls of 1914 into my office at that time, my patients would undoubtedly have fared the better. I regret that I did not do so.

It seems to me that just as dental colleges are classified into three groups, A, B and C, that dental offices could likewise be so graded.

Class A. A dental office with a hygienist, a secretary, and a lady assistant.

Class B. An office with a secretary and a lady assistant.

Class C. An office with a lady assistant only.

These are my ideas upon the all important dental hygienist question.

Autumnal Breezes

wafted from the lakes make Detroit a delightful place in October.

Dentistry Around the Arabia at the Entrance

By D. T. PARKINSON D.S.,

THERE is on the southern coast of Arabia at the entrance to the Red Sea a little town called Aden which has been described as the deadest port in the world. Its only excuse for existence seems to be to serve as a coaling station for ships eastward bound through the Suez Canal. They told us that when ships stop there many passengers do not trouble to go ashore. However dead this town may be, ordinarily, it certainly woke up when our bunch landed—we all landed. We all land every chance we get and stay landed as long as we can. If the ship sails at five we come aboard at four fifty nine, a little custom which makes the captain sore. But we have spent most of the time for the last five months on board his ship so why should he begrudge us a few minutes on land?

Aden, however, is not without its claim to fame or notoriety. Its shores rise abruptly out of the ocean, a great mass of volcanic rock as barren as a bed of clinkers from an enormous furnace. It has a public park about the size of an ordinary city block, which boasts one single tree which is nursed along with water from the city well which is carefully rationed out.



A little urchin of the streets of Lahej, Arabia. He needs more than oral hygiene.

Above the well a sign which sets forth that it costs one dollar to water a mule, four dollars to water a camel, eight dollars to water an elephant. We saw no elephants, few mules, but many camels, which are watered about once a week. Aden's claim to fame, however, rests on the fact that it is the reputed site of the grave of Cain. High up on the summit of the highest clinker stands a marker indicating the

the World Part Seven

to the Red Sea

D.S., Wichita, Kansas



The natives of Lahej wear a loin cloth and a bowie knife which serves a varied purpose. It kills the animals for food, is knife and fork and spoon at meal time, is a necessary companion at social functions and has an edge keen enough to serve as a razor.

place. They say that the upheaval came after his funeral. They also told us that it was from near Aden that the Queen of Sheba started on her journey to see Solomon and ask him hard questions. Just as if it were a distinction for a woman to ask hard questions of a man or that she needed to make a long hard journey to do so. I suppose times have changed since the days of the Queen.

There is a dentist in Aden. His name looks like a flock of chickens had walked across the sign board. I tried to get a pic-

ture of it, but every time I trained my camera that way, some native would pull his camel up in front for me to shoot, until I became so disgusted that I did not even take the picture of the camel. Anyhow, the fellow would have wanted me to give him an anna for the privilege. Now I wish I had not been so niggardly. An anna is worth about two cents.

What I really started out to do was to tell of the place where there is no dentist. (Young graduates take notice.) Out from Aden, about twenty miles,

in the midst of the Arabian desert, is an oasis town called Lahej. Here they wear a loin cloth and a bowie knife. The knife serves a varied purpose. It kills the animals for food, is knife and fork and spoon at meal time, is a necessary companion at social functions and has an edge keen enough to serve as a razor. We were taken out there on what they called a railroad train. The coaches were put together evidently without design except for the octagonal wheels—they were perfect. The engine an antique model of a donkey engine from a coal dump somewhere.

This was the only place where the young men of our university seemed perfectly tame, but we were informed that this was the first time that a company of white folks had ever been taken into this town. The natives up there did not know there were as many white folks in the world. No one ever went from Aden without first making arrangements with the Sultan for safe conduct. There-

fore we were not allowed off the railroad right of way. This right of way was fenced in with a high iron picket fence with gates at street or road crossings. So folks who were in stayed in, those who were out stayed out. Mutiny over the restriction was imminent, but when we saw those knives, mutiny died. But it really was a wonderful experience to come into contact with a desert people in their own country untouched by any other sort of life.

One word seems to be universal in this part of the world—baksheesh. Everywhere we go little hands and big hands, all sorts of hands are out and voices call for baksheesh. At Lahej one of our boys ran over to the fence and, sticking out his hand, asked for baksheesh. In a few minutes he had a handful of coppers which these poor people extracted from their scant clothing. So we thought that after all even wild desert beduins are not devoid of good impulse. They would not let even a strange white man suffer.

Japanese Like Gold Teeth

Tokio—There is a shortage of gold money in Japan. The gold still is there, but it is being transferred to the teeth of citizens as fast as they can save money and buy it. Dentists are working overtime installing glistening new teeth for those who wish to grin broadly.



Speech Work in Cleft Palate Cases

By JOHN J. LEVBARG, M.D., New York City

CLEFT palate is one of the chief deformities which interfere with proper enunciation and is met with not infrequently. An individual with a cleft palate is easily recognized by a trained ear, his or her speech having a strong nasal tone, i. e., the tone being breathy, flat, unanimated, dull, uninteresting, without spirit and lacking in clearness, and the resonance having a peculiar distinctive quality. The speech is invariably very thick in character. In cleft palate and hare-lip cases, its effect on the voice and speech depends in every case on the extent of the deformity. If the cleft palate is mostly anteriorly, the effect on the voice is not so marked—but should the cleft extend from the hard palate into the soft palate, then the defect is more marked on account of the inability of the soft palate to close the nasopharynx during phonation or speech. This is very important.

When the soft palate cannot occlude the nasopharynx, all the sounds produced except the nasals are changed. The vowels

a (ah), e (ay), i (ee) o, u (oo), are changed to a nasal character. The labials p and b become m; d, t, k is transferred to n; g to the ng sound.

After cleft palate operation the voice may be improved, but it has been my experience to find that, in the majority of cases, the soft palate is unable to rise in order to check the entire column of vibrating air from escaping into the nose (same condition sometimes encountered after tonsil and adenoid operation and post diphtheria). The muscles of the palate must be strengthened, proper exercises should be devised, massage, electricity, correct breathing developed. In these cases you will find the individual will repeatedly take a breath within a given phrase, this is due to the loss of air through the nose and this peculiar condition may persist even after operation.

As a rule cleft palate cases are discovered when the patient is quite young, and the after result in the speech mechanism is fair, but there are many exceptions. Many operations are not so suc-

cessful, or in older patients,* operation is not feasible and therefore the patient must wear a proper plate (obturator), to fill gap—these are the cases that need speech education. As a rule these patients over-exert the muscles during speech and develop peculiar mannerisms.

The first and essential principle of obtaining a good tone production in cleft palate cases, is to develop a condition of freedom of all the muscles, large or small, that are used in the production of voice, namely, diaphragm, abdominal costal, pectoral, throat, neck, tongue and lips. All exercises must be constructive. They must be natural and easy and assist in the proper functioning of the palate. Correct breathing (inferior costal diaphragmatic breathing) is very essential to acquire at the beginning of speech training. The patient will find that the physiological way of breathing stimulates the muscular activity of the entire body resulting in perfect control and absolute freedom.

The following selected cases illustrated the striking effects of the proper application of speech training:

Case I. K. McG., seen when she was 8 years old, operated at

*It is my experience that successful operation may be performed at any age. The younger cases offer the best speech results.—Editor ORAL HYGIENE.

4 years—result of operation, posteriorly, palate (soft) united successfully, but the hard palate still had a small opening. Voice harsh, monotonous, breathy; air escaping into nasal cavity through roof of mouth. Treatment, advised proper obturator and training of voice. This girl is now in her fourth year of training, and the voice is very distinct and agreeable.

Case II. E. P., soldier—large opening in hard palate, extending from teeth to almost soft palate—operation not feasible, inasmuch as patient has a Wasserman 2 plus—given luetic treatment, proper plate fitted and re-education of the voice.

Case III. R. G. 5 years, cleft palate and hare-lip—operation successful—at present time front teeth missing, speech clattering, lisping, baby talk—child is receiving speech training.

Cleft palate cases can be greatly improved by surgical interference. Persistent voice training is the only remedy for the improvement of speech. You must give the patients confidence and the teacher must possess wonderful personality to hold their confidence, otherwise the training will be in vain. The teacher and pupil must not get discouraged if the result is not immediate—it takes time to develop a good speaking voice.

A Nickel

separates Windsor, Canada, from Detroit, U. S. A.



The Term "Preventive Dentistry"

By LOUIS OTTOFY, D.D.S., M.D., Chicago, Ill.

Editor "Standard Dental Dictionary"

I READ with a great deal of interest Dr. Frank Fitzpatrick's article on the term "Preventive Dentistry" in the June number of ORAL HYGIENE. If this term is generally used and thus becomes adopted, there is nothing that can be done about it, whether it is accurate or inaccurate. Many incorrectly used terms have thus become part of our language, and there is no one who can ever change them. I will mention but one universally used word: automobile. Until perpetual motion is discovered, there is no inanimate thing which will propel itself or move of its own accord. Unless one knows just what we mean by the abbreviated form, auto, no one could understand us; for all it means is "self-moving," it does not indicate what is self-moving.

Mistakes arise from the fact that the words "medicine" and "dentistry" are analogous in one sense only. The word "medicine" has several meanings: it means a drug, an intoxicating liquor, and also the practice of a

profession. Dentistry means only one thing: "The art and practice of a dentist." If there was such a word as "medicist" to mean the practice of a physician, then "preventive medicist" would be something entirely different from "preventive medicine." The use of medicine can be, and is prevented; but medicist is not prevented, and will not be prevented for many years.

To my mind the term preventive medicine has an entirely different meaning than the sense in which the term preventive dentistry is used. The draining of stagnant water, the spraying of cesspools with petroleum is preventive medicine, for it will prevent malaria. So is the inoculation against small pox preventive medicine, for it prevents the disease. The use of the various sera against typhoid fever and other diseases is preventive medicine, for they prevent them, or at least minimize their virulence. Even the destruction of flies is preventive medicine.

I trust that some day we shall have prevention of dental caries

and of the diseases of the investing tissues, and thus effectually prevent the premature loss of the teeth. It will probably be brought about in this way: Some one will discover that there is in the spinal cord a center controlling the nutrition of the teeth. When that has been discovered and demonstrated, then a serum will be produced, which, when injected into that center (or a drug, which, when administered) will stimulate that center and cause the teeth to become hard and immune to caries. When that crown of glory shines on the brow of the dental profession, then, and then only, will there be preventive dentistry, for then dentistry as a calling will pass away.

We have the power to make almost any word or term accepted, and inserted in standard dictionaries, even though they are philologically inaccurate. Lexicographers are loath to accept incorrect terms or words, but they do accept them and admit them to the dictionary, if usage gives sanction. No philologist can possess the broad knowledge to determine the exact meaning of every technical word introduced into our language, and he is obliged to rely and depend on the various trades, professions, sciences and other lines of endeavor, to supply the term which to their mind accurately de-

scribes that which it is desired to name.

That recognized authorities may not be right, or are at least not always adequate in their definitions, may be seen from the quotation from Stedman, that dentistry is "the science of the prevention and treatment of the diseases of the teeth." I know of no definite statistical data, but I venture the assertion that dentists devote more time to repairing already existing damages and replacement of losses than to what Stedman defines as the limit of their activities.

At the time I was compiling a dental dictionary, I was severely criticized for clinging to the word pyorrhea, instead of using one of the other fifty-six names by which this condition has been designated. Especially was I condemned for not giving preference to the more recently introduced word, periodontoclasia, and the shorter word, periclasia. But I concluded that inasmuch as the word pyorrhea has been used for a century, and is generally accepted, it has become fixed and cannot be displaced. It does not define the disease, for it means merely a flow of pus; even when modified with the addition of alveolaris it is not clearer, for there are other alveoli in the human body, than those in which the teeth are lodged.

Coming

"The Dentist—In Three Tenses," by
Frank Fitzpatrick, D.D.S.

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A Patient's Appreciation

By W. R. SHIELDS

He's a driller and a filler, he's a killer of decay,
And a borer, an explorer of recesses grim and gray;
He's a scraper and a shaper, has to polish and to grind,
He's a smiler, a beguiler, he is "cruel" to be "kind."

There's composure in his manner, he is strung with strength and ease,

There is tenderness compelling in his "Open wider, please!"
He's a trench-mouth treater often, puts the jinx on pyorrhea,
Builds abutments, bridges, tunnels—he's an oral engineer.

He's a plugger and a tugger, delves for hidden, stubborn stumps,
Looks down-in-the-mouth (his duty), but he's seldom in the dumps;
Wields the elevator deftly, has to hammer, chisel, twist,
Softly hums "The Yanks Are Coming"—with the forceps in his fist.

He extracts the acher knackfully, eliminating pain
With that peerless paralyzer, nerve-benumbing novocain;
He's a rearer and a wrecker, handles tweezers, varnish, burs,
Mixes mortar, tackles tartar, fashions wire perimeters;

Takes impressions, hears confessions, puts in artificial teeth,
Mauls with mallets, fingers palates, sprays the uppers, bangs beneath;

He's a tapper, sapper, capper, works on people young and old,
Drafts the x-ray into service, uses platinum and gold.

Halitosis he encounters, he must saw and cleave and hack,
Josh the joker, calm the croaker, soothe the hypochondriac;
Straighten choppers, cleanse with moppers, hook, pick, probe, tie,
separate,

He's as gentle as a lamblet, he's inflexible as fate.

"All the world's a stage"—we know it; all the women and the men
Strut and fret awhile, then vanish, and are never seen again;
And a prince of role-performers, wise of head and warm of heart,
Is the dentist—do him honor, for he plays a worthy part.



An Answer to Dr. Kye

By BERNARD FELDMAN, D.D.S., Newark, N. J.

DR. KYE'S well-written and well-intentioned remarks* constitute a serious indictment against Building & Loan Associations which requires a frank discussion on my part inasmuch as I championed the New Jersey plan.† There is a difference between "an investment" and a "savings plan"; the former will interest the business man to "invest" his surplus whereas the latter will induce the wage-earner to take a part of his earnings to the "bank" or some such place to "save."

If Dr. Kye will reread my article, he will see that my remarks were directed to the 95 per cent of the rank and file of the dental profession who need this "saving" plan. For the other 5 per cent (and I place Dr. Kye in this select class), the B. & L. furnishes a too-slow method for "investment." But for the 95 per cent of dentists, I repeat the B. & L. is the best plan for systematic *savings* ever devised.

Just because a savings bank fails here and there, now and then, is no reason for condemning it as a worth-while institu-

tion. Just because other parts of the country may have had unpleasant happenings with the B. & L. does not alter its status here in New Jersey.

On May 1, 1926, there were one thousand four hundred and sixty-seven such associations in New Jersey alone, with estimated assets of a billion dollars.

This bespeaks their soundness and their success. Yet we do hear of a defalcation now and then—the human factor not being infallible. However, the shareholder in New Jersey has never been forced to suffer from this loss, which is practically negligible when you consider the tremendous amount of money entrusted by our people of New Jersey to this plan of saving.

I have never heard of a single failure whereby the shareholder in a B. & L. in New Jersey—and I am not saying anything about other states—has ever failed to receive his full maturity value returned to him, provided he kept up his monthly savings to the end. After all this is what really matters.

Because of this record, I repeat that the New Jersey plan is a *safe*, systematic, and common-sense saving plan. As for

*December 1926, ORAL HYGIENE, page 2265.

†May 1926, ORAL HYGIENE, page 842.

the rest of the country, "the nine million stockholders" constitute a veritable army in a cause which must be righteous regardless of its pitfalls. I repeat, these nine million people are less in danger of loss than a similar number of people who "invest" their money in some other way. I've tried both ways; so have many other dentists here in New Jersey. Ninety-five per cent of them will agree with me that the Jersey B. & L. can wholeheartedly be recommended to provide the necessary sum of money to procure such "comforts" for old age as a roof over the head, educational funds for the kiddies, etc., when the B. & L. shares mature to the amount involved. Once this sum is available, it is self-evident that it ceases to "earn" unless placed carefully once again where it can do this. After a man has become used to systematically saving something every month, he has become convinced that the comforts of old age can be best assured him by continuing on a similar safe-and-sane basis. No get-rich-quick schemes for him!

Therefore, I can say, without fear of contradiction, that the Jersey plan is a safe, certain plan to assure the plodding dentist anywhere in the U. S. of those necessary things which make for a comfortable old age. If you live in a state where you cannot avail yourself fully of this savings plan, you can join one of the one thousand four

hundred and sixty-seven associations here and feel perfectly safe about it. I wish I had the money which New Yorkers are sending to New Jersey B. & L.'s by mail.

But Dr. Kye is right in advising you to keep your money closer to home; if you have a B. & L. nearby, you should investigate the financial statement, the personnel, etc. But he is wrong in criticising the plan because it has been tested throughout the country, and the plan has stood the test for nearly a century.

He is right again in refraining to advise anyone how to "invest" his money. While I consider the B. & L. more in the nature of a savings plan, I will refrain further from suggesting to anyone how to *save* his money. Therein I made a mistake and I cheerfully acknowledge it.

But I will leave it to the 95 per cent of dentists to balance the evils connected with the B. & L. as against the many benefits. My main purpose was to invite your careful consideration to the importance of systematic saving and to encourage the thrift that discourages get-rich-quick tendencies. For in the last analysis, comfort in old age can come to 95 per cent of dentists only from saving.

The other 5 per cent are the dentists who are "business" men and they know more about investments that I will ever know. I wish them continued prosperity.



When is a Tooth Really DEAD?

By C. C. MASTRUD, D.D.S., Chicago, Ill.

MUCH has been said and written both pro and con relative to the retention of devitalized teeth. Arguments have been presented for and against the retention of the devitalized tooth by the foremost members of our profession so I may be considered as taking undue liberty in presenting my opinion because it must take exception to the opinions of some of our venerable men no matter which side I take.

With all due respect to Dr. Kells, who unquestionably has performed a wonderful service to his patients through a long period of active practice of dentistry and devotion to service to the *n*th degree of his ability, I hereby humbly assert that even he may be wrong in his interpretation of the proper thing to do with respect to the retention of devitalized teeth.

It has been my endeavor at all times to be conservative but I don't think that the term is always used properly, in view of the fact that we radical tooth-pullers are commonly referred to by that term, radical. Should we be called radical because we ad-

vise the removal of dead organic matter from an otherwise live body? We certainly must agree without hesitation that any part of the body from which has been removed its source of nutrition through the blood vessels and lymphatic vessels and its source of enervation through the nerves must be dead and subject to the laws of decomposition of organic matter.

It would be just as sane for me to believe that the whole body could go on functioning without deterioration after the heart and brain had ceased to function. Or we can take some other part of the body for comparison. Would I be considered rational if I should advise the retention of the forearm if the blood vessels and nerves were severed beyond a possibility of ever bringing any further nutrition or enervation to the cell structure of that forearm? Could the cells go on living and avoid infection by bacteria under those circumstances? Would the retention of that organic tissue in any way jeopardize the life of the organic body to which it were attached?

In case an infection of the live organic tissues would ensue, would you advise the retention of the dead decaying cell structure of the forearm? I don't think you would; no more than you would allow your little son or daughter, if you are fortunate enough to have one, to carry a dead rat around to play with. The mere thought of it would make you shudder and you want to take a stick to pick it up and throw it in the garbage can.

It took years of time to inculcate that knowledge into the dense intelligence of us ivory-headed humans who sometimes pat ourselves on the back because we believe ourselves to be more intelligent than the rest of the animal kingdom. But even dogs sniff at a dead rat. Even they have the instinct to leave it alone.

All this wasted talk and research work on whether a devitalized tooth is dead or not can be nothing more than poppycock. The cementum may be alive, granted. But that will not make the rest of the tooth alive no more than live tissue will live again by just merely being

adjacent to it. Cut out the gangrenous tissue and there is hope that Nature will adjust the condition, but leave the gangrenous tissue in place and Nature has a retreating battle to wage.

If it shall be proven that dead teeth are and can be retained without injurious results, we should have been quite positive by now that we were safe in doing so, instead of every day becoming more convinced that it is a potent factor in depopulation.

Statistics just taken recently in the State of Nebraska where a surprisingly large percentage of dentists asserted themselves as being irrevocably against the retention of devitalized teeth, will bear me up on the above statement. Not many years back it was almost considered unprofessional to talk of extracting a tooth in which merely the "nerve" was dead.

By the way of reflection or retrospection I may be wrong. But I am willing to learn. Would Dr. Kells be so kind as to explain why, as we commonly know it, "the dead tooth" is not dead? (He says so positively on page 2248 ORAL HYGIENE, December, 1925.)

Notice to Trap-Shooters

"The American Dental Trap-Shooters League" will hold its Fifth Annual Tournament at Detroit during the meeting of the American Dental Association in 1927 and all ethical dentists who are interested in trap shooting are cordially invited to attend. A number of cups and valuable prizes will be competed for and it is the hope of the league to hold the biggest shoot in its history.

T. L. PEPPERLING, *President*, St. Louis, Mo.

C. W. MILLS, *Secretary*, Chillicothe, Ohio.

Zane Grey---From Dental Cha

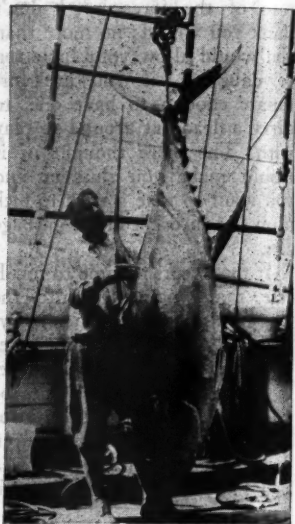
By MA ERZB

SO little is known of Zane Grey, most popular of living writers about our Southwest, that readers sometimes wonder whether it is a man or a woman whose widely known books carry them on their magic carpet to the lonely places of the West. But Zane Grey is a man—and he began life as a dentist; indeed, as I shall show presently, it was due indirectly to his work as a dentist that he got a start in the literary world.

Mr. Grey was born in Zanesville, Ohio, on January 31, 1875. To understand him, one must know something of his ancestry. He is a descendant of Colonel Ebenezer Zane, of the Zane family which has left so deep an impress on American history. His father, Lewis M. Grey, was at various times a backwoodsman, a hunter, a farmer, a preacher, and a doctor. He was always a lover of fine and beautiful things.

When Zane Grey had reached the point of entering college he chose the University of Pennsylvania. There he became better known perhaps for his ability as a baseball player than for his zeal as a student. Even at that early date he felt an urge to express himself in words, however; but that urge was still vague and undetermined.

In order to please his father, who apparently had not found



After an exciting battle that lasted more than an hour, Grey landed this big tuna fish.

any of the numerous vocations he himself had followed, of a kind to make a real appeal, Zane Grey studied dentistry, although he frankly admitted that he had no real urge for that profession. After his graduation he went to New York, and there he began the practise of dentistry. He found his road a hard one, and there followed several years of struggle and poverty.

He lived in a small hall bedroom, and he was often hard pressed to obtain even enough

Chair to Best Seller

By MAERZBERG



Zane Grey feeding two of his little friends

food to live on. But it was only during the winter time that young Grey felt what was practically the pangs of starvation. During the summer months he prospered, for then he played professional baseball, and by so doing earned enough to continue the practise of his dentistry for the rest of the year. His brother, R. C. Grey, was likewise a professional baseball player, and he helped Zane in his finances. In the due course of time, however, Dr. Grey acquired a few patients, and he might gradually have acquired a lucrative practise.

But all through this somewhat miserable period he was experiencing the awakening of a new ambition—the desire to write. More and more the yearning grew upon him “to take his pen in hand” for indefinite times, and his family realized, after a while, that in authorship probably lay his true vocation.

It was, at any rate, because of the urging of his brother that Zane Grey at last settled down to a definite task—the writing of a story about Betty Zane, sister of his great-grandfather. In his small flat, where the mice

kept him company over a cold winter, Dr. Grey composed this first novel of his, and finally finished the last page. Like many another author, however, Dr. Grey discovered that merely to write a book is by no means sufficient; one must, in addition, market what one has written, and therein lies, frequently, the difficulty.

The manuscript, it is stated, was refused by dozens of publishers, and it looked for a time as if authorship were a hopeless proposition for Dr. Grey. Just at this moment, fortunately, his dentistry came to his aid in an indirect fashion. One of Dr. Grey's patients, grateful perhaps for relief from one of those aches which not even a philosopher, Shakespeare records, bears with much equanimity, or recognizing the literary gift of his dentist, came to his rescue.

He agreed to lend Dr. Grey enough money to publish the book himself. Usually this is a very dangerous course for an author to pursue. If no reputable publisher is willing to take a manuscript for publication, it generally means that the manuscript has no commercial value. But Dr. Grey in this instance fooled all the publishers who had so hard-heartedly turned him down. The book was a success, and even at the present time is still selling well.

Shortly after this event two things happened to Dr. Grey that greatly influenced him. He married, and he met a benefactor who had deep faith in him. The

former event made it more necessary than ever, undoubtedly, that he make a financial success of his literary work. The latter event—a chance encounter with Colonel C. J. "Buffalo" Jones—gave him the opportunity to map out a field for himself in which that success could be attained. It was in New York that Dr. Grey met Colonel Jones. The latter had read "Betty Zane," and he was so enthusiastic about the book that he invited the author to go West with him.

Dr. Grey accepted the invitation, and he spent several months with Colonel Jones in Utah. He lived the life of a plainsman, and he learned to know and to love the ways of the still untamed and more or less woolly West.

From the material that he had gathered Dr. Grey wrote a book, a description of his trip, which he called "The Last of the Plainsmen." The book was taken by him to Harper & Brothers, who promptly rejected it. Shortly afterwards, however, he wrote "The Heritage of the Desert," and this time the same firm just as promptly accepted the book, and it is their imprint which now appears on all of Dr. Grey's books. It may be remarked, incidentally, that many critics regard "The Last of the Plainsmen" as the best of Dr. Grey's books. But with the publication of "The Heritage of the Desert" all of Dr. Grey's financial troubles were over. He is today one of the most popular

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of American authors, and it is stated by Harper & Brothers that his books at the present time sell at the rate of approximately one million copies a year.

It is because Dr. Grey, in the first place, tells a good story, and because, in the second place, that his pages are rich with the aroma of out-of-doors that his books sell at this astounding rate. The high-brow critics may cavil perhaps at the too liberal doses of sentiment that are sometimes mixed with the wholesome water of his style; they may find his plot tinged with the conventional; they may analyze his characterization as frequently not too apt, but the books which Dr. Grey has written are on the whole pleasant, healthy books. It is obvious from them that the author is an outdoor man, who understands and appreciates the beauty of the desert, the forest, the plain, and the ocean, and who seeks to interpret between Nature and man's soul. He shows us what is often the best of America.

Dr. Grey at present has a number of homes, some of them in that Southwestern region which is the favorite scene of his stories. He has a house in Avalon, one of his fishing haunts, and an estate in Altadena. The Altadena home is what Dr. Grey calls his permanent camp. He has turned it,

so far as possible, into an estate which reproduces some of the aspects of the wilderness, and the beauty of his home is not a tame and domesticated beauty. In a vine-clad cottage at Altadena Dr. Grey does most of his writing. This cottage is furnished within with only the barest necessities, and here he writes undisturbed except by the warble of some happy bird. He has no love for cities, and New York to him means nothing more than business, theaters, and old associations, a place from which obliging trains run west or southwest.

During the last few months Dr. Grey has been away from the country on a fishing expedition to New Zealand. He is an ardent follower of old Izaak Walton. Many assert that his non-fiction books, describing his exploits at angling and the country or oceans where these exploits took place, are the best of his works. Dr. Grey loves to describe a fight, and whether it is a battle between humans, such as one finds in some of his stories, or a homeric struggle with a tuna, he is at his best in his account of such conflicts. It is certain that he will bring back from New Zealand not only many trophies of the rod and net, but also plenty of incidents to be used in weaving yarns of his doings in strange lands and waters.

Coming—"Improvement in the General Practitioner's Artificial Denture Service," by Joseph A. Streker, D.M.D.



If You have a Little Art in Your System, Carve it Out in Soap

By ALEXANDER SNYDER, D.D.S., New York



NOT long ago I read of a contest for professional sculptors, in which the medium employed was to be ordinary size cakes of white soap.

I wondered how I might be eligible, so I reasoned as follows:

"You carve wax patterns for gold inlays, don't you? That makes you a sculptor. You get paid for this work too (sometimes). That makes you a professional. If you can carve wax, where's the difficulty in carving soap?"

So I carved soap.

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First I dug up a few discarded instruments, such as small vulcanite scrapers, old explorers bent into stiff wire loops, superannuated excavators, and an old scalpel.

Having seen the picture version of Ben Hur, I was impressed with the galley scenes, so I determined to try a galley slave. Unfortunately, with no model to pose for me, I was forced to rely solely on imagination for details.

It is evident from the photograph that I must have delved in my memory and resurrected my scant knowledge of anatomy, for the creature is almost recognizable. The camera is a sterner critic, it would seem, than my unaided eye.

The actual task of doing a bit of soap sculpture is quite absorbing.

By concentrating intently, I am enabled to visualize my subject imprisoned in the cake of soap. All that is necessary to release it is a careful scraping and shaving away of excess material, and then the outlines emerge gradually. Now conservatism becomes the order of the hour. It is easy to take off too much at a stroke, and mistakes are not rectifiable, as a rule.

The light, deft touch required of dental practice is readily applicable to soap sculpture, and vice versa. If you can visualize cusps, sulci and grooves, and reproduce them in carving wax or a silver restoration—if you can choose appropriate molds of

teeth and set them up in harmony with facial needs, then carving a bust or a full figure in soap should present no great difficulties for the average dentist.

Now if this article were fiction and required "a happy ending," I should have to report that I had entered the contest against a field of several hundred professionals and walked off with a prize.

Alas! Truth compels me to state that my entries were politely looked over and then overlooked.

Non-recognition is not discouraging, however, for the creative urge finds its reward in the fascination of the task itself.

I have written merely to show that dentists are so equipped with manual dexterity and a sense of form, that the translation of their talents from dentistry to sculpture is but a step.

Have you a little art in your system? Carve it out in soap. Mistakes will still produce good lather.

Do you ride

A Hobby Horse?

ORAL HYGIENE will pay
for acceptable short arti-
cles about dentists'
hobbies



Reading for Dental Assistant

By SYLVIA DANENBAUM, New York City

READING is instructive as well as pleasurable. It is an unlimited source of knowledge; it is a fundamental along with the other two R's—'Riting and 'Rithmetic.

I am thinking particularly of its relation to the education of the dental assistant. We have come to realize that there is no longer a place in dentistry for the inefficient office girl who has very little knowledge of her duties and takes an even smaller interest in them. The progress of dentistry has brought about a demand for a better type of dental assistant, a woman who is capable of assuming responsibility and of performing her duties with intelligence and skill. She must be taught to relieve the dentist of much of the detail routine away from the chair: arranging the appointments, answering the telephone, keeping the records, purchasing supplies, sterilization, laboratory work, etc., in addition to the assistance that she renders at the chair.

But the busy dentist has not always the time to teach her, nor have the dental schools as yet fully taken up that responsibility. The dental assistant has had to face the problem herself and

she has helped to solve it by means of membership in societies for dental assistants, organized and conducted by dental assistants; societies which strive to help her to help herself by acquiring the proper perspective of her work, by broadening her vision of service, and offering her the opportunity, through carefully supervised study, to increase her knowledge and adaptability in order to attain greater efficiency in the service she renders the dentist and the patient.

In the conduct of the Educational and Efficiency Society for Dental Assistants, First District, New York, Inc., this plan of education is carried out in several ways. At the regular meeting each month a prominent member of the dental profession delivers a lecture on a subject pertaining to dentistry and dental assisting, and a woman who stands high in the educational development of womanhood speaks on a topic of general interest to women. Classes in subjects of vital interest and importance to the dental assistant are conducted throughout the season under the direction of prominent dentists, once each week in the evening, and are open free of charge to members

of the Society. They are well attended and the benefit of the instruction received by the members is tremendous and includes such subjects as secretarial duties, chair assistance, sterilization, x-ray assistance, general laboratory assistance and gold casting, telephone courtesy, selection of teeth, accounting, first aid, speaking and parliamentary procedure.

The Clinic Club is another activity that helps to develop the purpose of the Society. Its aim is the demonstration by means of clinics of the many useful services that the capable dental assistant can render the dentist and the patient; its members also strive to search out more efficient methods of office management. For the sake of expediency in demonstration and facility in study, the club is composed of several sections, namely: secretarial assistance, chair assistance and general accessories, instrument sharpening, sterilization, orthodontic assistance, laboratory assistance, and x-ray assistance, each one representing a different phase of dental assisting and the whole being an exposition of the routine work of one dental assistant. By attendance and participation in the regular meetings of the club the members derive the many educational advantages accruing from association with others engaged in a work of mutual interest, and in the interchange of thought and ideas arising during the general discussions which follow the demonstrations.

The Society has not overlooked the value of reading and has provided a library for its members. The library consists of a collection of articles of interest to the dental assistant, culled from the current dental publications; of books containing material pertinent to dental assisting; and of a scrapbook composed of items in writing and in pictures, about the history of dentistry and dental equipment, and suggestions and aids to efficiency in office management from the viewpoint of the assistant. Its perusal gives one much valuable information on these topics.

Among the articles listed by the librarian are: Dental Office Efficiency and Application, The Dental Assistant and Her Duties, Necessity for a Trained Assistant in the Practice of Oral Surgery, Efficiency in Dental Office Management, Value of Organization, Developing of Dental Films, Dental Economics and the Possibilities of the Office Assistant, Our Dental Assistant, The Dental Assistant of the Future, Methods of Sterilization, and many others too numerous to mention here, all written by leaders in the dental profession and dental assistants. Even a slight acquaintance with such a library can impart much knowledge and information to the reader. The contents of the library are constantly being augmented by the addition of new articles, booklets and textbooks, and are always available to members of the Society.

The Grenfell Mission Carries Dentistry to Far-off Labrador



The Association's hospital on the shore of Indian Harbor.

IT is probable that the majority of the readers of ORAL HYGIENE are familiar with Dr. Grenfell's name and know that he is at the head of a medical mission in the North. But few would know the extent of the area served by the mission or the size to which his organization has grown from a small beginning.

The International Grenfell Association serves Northern Newfoundland, the Atlantic Labrador and a portion of the Canadian Labrador on the North Shore of the Gulf of St. Lawrence. The natives are for the most part Anglo-Saxon stock with a sprinkling of French. Along the Atlantic seaboard are a rapidly diminishing number of Esquimaux and in the interior are the Indians of the Nauskopi and Montaignais

tribes. In the summer the number is augmented by some twenty or thirty thousand fishermen from Southern Newfoundland, Nova Scotia, New England and until quite recent years from France.

For relief to these people the Association maintains five hospitals, four nursing stations, a hospital steamer, four industrial centers with work in outlying settlements, an orphanage of sixty children, a boarding school of forty children, another of thirty, a day school of one hundred and ten, twelve summer schools, five public schools and technical education in the United States and Canada for twenty-two children.

In 1910 there was one dental volunteer, the first to go to Labrador.

In 1926 there were four den-

tists and two dental hygienists for the summer months and two dentists for the full year.

Most of the volunteers are recent graduates but the list includes such men as Dr. Edwin L. Farrington, for twenty-five years an instructor in extracting and anesthesia at Harvard, Dr. Frederick N. Merrifield, Assistant Dean at Northwestern University, and Dr. J. William O'Connell, Assistant Professor of Materia Medica at Harvard.

The dental service consists of plastic fillings, amalgam, gutta percha and ordinary cements, prophylaxis, extracting and denture construction.

Transportation and maintenance are provided for the summer dental workers, while the



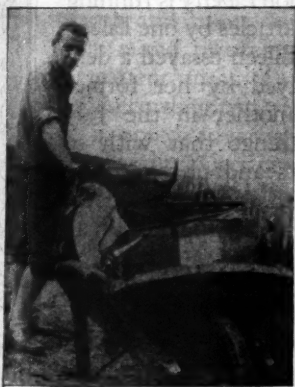
Beginners' sewing class at the school at St. Anthony. They are quite an asset when mending comes up from the laundry.

men who stay a full year receive a small salary in addition.

It is a healthful, interesting experience and many of those who have gone North have returned for a second year.

More equipment is sorely needed. Money is the most direct and practical aid, but any dentist who has discarded, though useful, instruments, especially extracting forceps, operative instruments for the type of work outlined above or laboratory equipment will help greatly by sending them to Robert S. Catheron, Dental Advisor, International Grenfell Association, 178 Marlborough Street, Boston, Mass. All gifts will be acknowledged in the magazine, *The Deep Sea Fishers*, and by letter.

Anyone wishing to offer his services for the work in Labrador should write to Mr. S. Catheron for an application blank. The requisites are a degree from a recognized dental school, character and health.



Dr. Roger Edwards is moving his portable dental outfit by the most convenient method. He is stationed on the west coast of Newfoundland.



EDITORIALS

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Penna.



OH *Liberty*!

What crimes are committed
in thy name

THE weekly publication *Liberty* is running a series of "health" articles by one Eileen Bourne. Some time ago Eileen essayed a dental article and undismayed by her former effort she perpetrates another in the July 23rd issue. It seems strange that with so many competent dentists and physicians in the country, public health and dental advice is broadcast by one who is apparently an amateur.

The article is called "Cutting Tooth Wisdom," whatever that may mean.

A few of the points where Eileen skids are worth noting. Her remarkable construction of sentences and use of words should be looked into by the Editor of *Liberty*—unless

this series is a paid, blind advertisement which is my own conclusion. Look what she says—"And though many of us are born with soft or imperfect molars and bicuspid, we can all make the most of our endowment."

This is quite an idea—for "many of us" born with soft or imperfect molars and bicuspid.

Of course I am not surprised at the softness and imperfection, but I am utterly astounded at the birth of so many of us with molars and bicuspid.

Owing to the fact that the bicuspid are always permanent teeth and erupt after the temporary molars are normally lost, these modern kids must be born with permanent molars and bicuspid as well. Truly a discovery. Eileen! Sometime would you poke your literary finger into a new born baby's mouth and count the teeth? Then after you have noted the temporary teeth, count the permanent ones.

"According to a recent investigation made by a noted advertising consultant, he says that barely 25 per cent of the American people brush their teeth as often as twice a day." No statistics exist, Eileen, by which "a noted advertising consultant" or anyone else can estimate the number of times any percentage of the American people brush their teeth.

"Apparently many toothbrushes are sold for bathroom fixtures. And yet we are told in no uncertain terms that even twice a day is inadequate. We should use the toothbrush

five times—the first thing in the morning, after each meal, and at night. There are many people who keep two brushes alternately busy.”

How are you going to get these meals per day if you spend all of your time using the toothbrush? The justly famous “one armed paperhanger with the itch” would be an idler compared to this brushing campaign. “For the brush should be bone-dry before using.” About as bone-dry as the U.S.A.

Perhaps, if specialists change too often, the newspapers will carry front-page predictions reading: “Today the rotary motion is noted in the Middle West. Changing conditions observed along the Atlantic Coast.” You are right, old dear. If they adopt that five times per day program the toothbrush marathon will dislodge the aviators from the front page.

“However, the great thing is to get the teeth clean. Dental journals advise as a dentifrice a simple combination of pure ingredients, free from grittiness and of pleasant taste.” Thoughtful of the dental journals, I am sure. I have read several and do not remember this very definite advice. The taste seems to be particularly important.

“The second item is a tongue scraper. A spoon will do. To use it just once is to prove forever that this great highway into your system needs the services of this ‘white wing.’ For the rough surface of the tongue often harbors minute substances that ultimately find their way into the teeth.” Now that horses

are so scarce curry combs can be had at a bargain and thereby save the silver.

"Yes, indeed, baby teeth are extremely important while they last. For the shape of the jaw and, to some extent, the quality of the permanent teeth depend on their soundness."

Yes, indeed—but not so important in shaping the jaw. However, when so many of us are "born" with permanent teeth why bother. The jaw is already shaped.

"Besides, there is the question of habit. Probably by the time well-trained little girls of today grow up, they will have greatly increased the percentage of American consumption of toothbrushes by practice and example." Page the tuberculosis league.

"The deposit on the teeth called tartar cannot be brushed off, and if it is allowed to cover the enamel it ultimately ruins the teeth. So here's another important habit to form if you expect to continue to smile away your troubles." Shade of Riggs—what harm could tartar do to enamel? When the tartar gets on the roots of the teeth the trouble has arrived.

"What you eat makes ever so much difference to your teeth. A little girl's diet should be carefully planned by the mother who wishes her debut in any career to be a success." How is the mother to learn how to plan a diet? And why the successful "debut" to a career. "Debut," Eileen, means a start only.

"Even the most assiduous toothbrushers and dentist-visitors often have to have teeth

extracted. It is absolutely no reflection on you. For the cause of abscess is not always clear. It may result from some general bodily condition. And if your tooth is abscessed it is next to impossible to save it." It is such a comfort to think that the extraction of a tooth is no reflection upon us. But it does alarm one to know that "some general bodily condition" is liable to sneak up and ruin a tooth any time.

"In most cases the x-ray can determine the condition accurately and you should abide absolutely by the advice of a reliable dentist. For, although there is a feeling nowadays that a good many teeth are ejected without due cause"—those teeth that are "ejected without due cause" must be bad actors, do they "eject" themselves or does some one have to "eject" them?

Now that we have quoted one-third of the article with due credit, I might go a little further and state that my attention was called to this effusion by the *Liberty* "Department of Research." If this mess is the kind of research they are doing—well, what do you think?

Grafters

A GRAFTER is one who poses as an honest man while getting a profit that is acquired by dishonest means. Whenever you represent yourself as something you are

not, and acquire a profit thereby, you are a grafter.

Statements partially true may be as misleading as statements wholly false.

The markets today are flooded with pseudo-scientific compounds—mouth washes, dentifrices and, of late, even confections that blatantly advertise to the public that dentists recommend this and that.

The idea that these advertisers desire to get over to the public is that dentists generally acknowledge the value of their product and generally recommend it. Any advertising that quotes a profession upon any subject without a referendum of that profession in which a majority of the votes are in favor of the article, is a deliberate grafter.

The National Advertising Association and the American Dental Association should act to stop this misrepresentation. Manufacturing concerns should not be allowed to profit by the conscientious labors and standing of a profession without the overwhelming consent and approval of that profession and they should be prosecuted for misleading the public.



LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

Landlord: Do you have any children?

Looking: No. I'm not married.

Landlord: Do you have any pets, dogs, cats, birds?

Looking: No, not a one. But before I sign up for the place, I want to tell you one thing which may disturb you. I strop my own razor.

Patient having a toothache went to a dentist and inquired how much it would cost to have a tooth pulled.

Dentist—"It will cost you \$5.00."

Patient—"How much will it cost to loosen it a little?"

"Did you hear that the fire department fired their efficiency expert?"

"They did?"

"Yep, he went and put unbreakable glass in all the fire alarm boxes."

Mary had a little dress

A dainty bit and airy;

It didn't show the dirt a bit,

But gosh, how it showed Mary!

"I have," said the diplomat, "a secretary in whose secrecy I can trust absolutely. In the first place, she does not understand what I dictate, and in the second, she forgets what she has written."

Man, writing his wife: Did you get that check for a thousand kisses?

Wife, by return mail: Yes, the iceman cashed it this morning.

"Scotchmen won't use the Chicago telephones any more."

"And why is that?"

"Because when the operator says, 'Thank you,' they think that they are giving something away."

A dentist is the only man who can get away with telling a woman to open or close her mouth.

The reason there aren't any angels with whiskers is that they have such a close shave getting to heaven.

"I'm never going to get married."

"Why?"

"Because you have to have sixteen wives. It says so right in the marriage ceremony: four better, four worse, four richer, four poorer—and four times four are sixteen."

Courtship is the period during which the girl decides whether or not she can do any better.

Neighbor: May I use your lawn mower?

Other Neighbor: No, your children use my lawn more than we do now.